In re 610 6	A Hedden					According to the information required to be entered on this statement
	Debtor(s)	(34)				check one box as directed in Part I, III, or VI of this statement):
Case Number:	10-56075	ŧ.	ij (°⇔satri	(] ₂ ш- 39		The presumption arises.
	(If known)	2010	MAY	24	A	11: 3 The presumption does not arise. The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

	Part I. MILITARY AND NON-CONSUMER DEBTORS
	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
1A	Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
1C	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends. Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed; OR b. I am performing homeland defense activity for a period of at least 90 days /or/ I performed homeland defense activity for a period of at least 90 days, terminating on , which is less than 540 days before this bankruptcy case was filed.

	Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION							
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.							
2	b. Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11.							
	c. [] N	Married, not filing jointly, without the declaration olumn A ("Debtor's Income") and Column B (of separate households set out in Line 'Spouse's Income') for Lines 3-11.	2.b above. Con	aplete both			
	d. 🔲 1	Married, filing jointly. Complete both Column A		3 ("Spouse's In	come") for			
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line. Column A Debtor's Income							
3	Gross	wages, salary, tips, bonuses, overtime, commiss	sions.	\$ 150.00	\$			
4	and en busines Do not	ter the difference in the appropriate column(s) of ss, profession or farm, enter aggregate numbers are enter a number less than zero. Do not include and on Line b as a deduction in Part V.						
	a.	Gross receipts	\$ _0 _					
	b.	Ordinary and necessary business expenses	\$ _0 _					
	c.	Business income	Subtract Line b from Line a	\$ -0 -	\$			
	in the	and other real property income. Subtract Line be appropriate column(s) of Line 5. Do not enter a mart of the operating expenses entered on Line b	umber less than zero. Do not include					
5	a.	Gross receipts	\$ 900-					
	b.	Ordinary and necessary operating expenses						
. '	c.	Rent and other real property income	Subtract Line b from Line a	\$ 875	\$			
6	Intere	st, dividends and royalties.		\$ 0	\$			
7	Pensio	n and retirement income.		\$ -	\$			
8	expens purpo	mounts paid by another person or entity, on a nesses of the debtor or the debtor's dependents, increase. Do not include alimony or separate maintenant pouse if Column B is completed.	§ 200·	\$				
9	Unem Howev was a l Colum							
		aployment compensation claimed to benefit under the Social Security Act Debtor \$	Spouse \$	s -0-	\$			

10	Income from all other sources. Specify source and amount. If necess sources on a separate page. Do not include alimony or separate main paid by your spouse if Column B is completed, but include all other alimony or separate maintenance. Do not include any benefits received Security Act or payments received as a victim of a war crime, crime ag victim of international or domestic terrorism.	tenance payments r payments of red under the Social	s a			
	a.	\$	1			
	Total and enter on Line 10] \$	s	 \$		
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 th and, if Column B is completed, add Lines 3 through 10 in Column B.			17		
12	Total Current Monthly Income for § 707(b)(7). If Column B has been Line 11, Column A to Line 11, Column B, and enter the total. If Column Completed, enter the amount from Line 11, Column A.	\$	1225 -			
	Part III. APPLICATION OF § 707(b)	(7) EXCLUSIO	V			
13	3 Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the nun 12 and enter the result.					
14	Applicable median family income. Enter the median family income for size. (This information is available by family size at www.usdoj.gov/u bankruptcy court.)	st/ or from the clerk	of the			
	a. Enter debtor's state of residence: Michigan b. Enter debtor	r's household size:	<u> </u>	\$43456		
-	Application of Section 707(b)(7). Check the applicable box and proce					
15	The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.					
	☐ The amount on Line 13 is more than the amount on Line 14. Co	mplete the remaining	g parts of this s	statement.		

	Part 1	IV. CALCULATION OF C	URRENT MONTHLY	NCOME	FOR § 707(b)(2	2)		
16	Enter the a	mount from Line 12.				\$		
17	Line 11, Co debtor's de payment of dependents	justment. If you checked the box a plumn B that was NOT paid on a rependents. Specify in the lines below the spouse's tax liability or the spot and the amount of income devoted age. If you did not check box at L	gular basis for the household of the basis for excluding the Couse's support of persons other to each purpose. If necessar	xpenses of a plumn B inc than the de	the debtor or the come (such as btor or the debtor's			
	a.		\$					
	b.		\$					
	c.		\$					
	Total and enter on Line 17.							
18	Current m	onthly income for § 707(b)(2). Su	ubtract Line 17 from Line 16 a	nd enter the	result.	\$		
		Part V. CALCULATIO	ON OF DEDUCTIONS I	ROM IN	COME			
	Sub	ppart A: Deductions under	Standards of the Interna	l Revenu	e Service (IRS)			
19A	National Sta	undards: food, clothing and other ndards for Food, Clothing and Othe tt www.usdoj.gov/ust/ or from the o	er Items for the applicable hou			s		

3 22A (Official Form 22A) (Chapter 7) (04/10)								
19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.							
	Household members under 65 years of age Household members 65 years of age o				or older			
	a1.	Allowance per member	11111	a2.	Allowance	per member		
	b1.	Number of members		b2.	Number of	members		
:	cl.	Subtotal		c2.	Subtotal			\$
20A	Utilitie	Standards: housing and utilities Standards; non-mortgage expelable at www.usdoj.gov/ust/ or fr	nses for the app	licable	county and	household size. (Th	RS Housing and is information	s
20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero. Bankruptcy court IRS Housing and Utilities Standards; mortgage/rental expense \$							
	if any, as stated in Line 42 \$ c. Net mortgage/rental expense Subtract Line b from Line a.							\$
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:						\$	
	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.							
22A	Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. \[\begin{array}{c} 0 & \begin{array}{c} 1 & \begin{array}{c} 2 & \text{or more.} \end{array} \]							
	If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)							\$
22B	expens additio amoun	Standards: transportation; address for a vehicle and also use pubonal deduction for your public trattfrom IRS Local Standards: Transk of the bankruptcy court.)	lic transportationsportation	n, and	you contend enter on Line	that you are entitled e 22B the "Public Tr	l to an ansportation"	
	and CIC	is of the bankiupicy court.)						\$

B 22A (C	fficial Fo	rm 22A) (Chapter 7) (04/10)						
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)							
	\square 1 \square 2 or more.							
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.							
	a.	IRS Transportation Standards, Ownership Costs	\$					
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$					
	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$				
		Standards: transportation ownership/lease expense; Vehicle 2. ed the "2 or more" Box in Line 23.	Complete this Line only if you					
24	(availa Averag	in Line a below, the "Ownership Costs" for "One Car" from the IR able at www.usdoj.gov/ust/ or from the clerk of the bankruptcy courge Monthly Payments for any debts secured by Vehicle 2, as stated and enter the result in Line 24. Do not enter an amount less than	t); enter in Line b the total of the in Line 42; subtract Line b from					
-	a.	IRS Transportation Standards, Ownership Costs \$						
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$					
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$				
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes.							
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.							
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.							
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.							
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for							
30	whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.							
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.							
32	actually such as	Necessary Expenses: telecommunication services. Enter the total y pay for telecommunication services other than your basic home to spagers, call waiting, caller id, special long distance, or internet serealth and welfare or that of your dependents. Do not include any an	elephone and cell phone service— vice—to the extent necessary for	\$				
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.							

34

39

\$

\$

\$

\$

\$

\$

Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32

Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.

a. Health Insurance

a.	Health Insurance	\$
b.	Disability Insurance	\$
c.	Health Savings Account	\$

Total and enter on Line 34

If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:

Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.

Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.

Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.

Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.

Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.

Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).

Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40

 st Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

			Subpart C: Deductions for	Debt Paymen	t		
	you ov Payme total of filing of	vn, list the name of the name of the nt, and check whether all amounts scheduled the bankruptcy cas	red claims. For each of your debts that are creditor, identify the property securer the payment includes taxes or insurated as contractually due to each Secure, divided by 60. If necessary, list addentify Payments on Line 42.	ing the debt, state ance. The Averaged Creditor in the	the Average Monthle Monthly Payment 60 months following	y is the the	
42		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?		
	a.			\$	☐ yes ☐ no		
	b.			\$	☐ yes ☐ no		
	c.			\$	☐ yes ☐ no		
				Total: Add Lines a, b and	с.		\$
	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.						
43		Name of Creditor	Property Securing the Debt	1/60th of t	he Cure Amount		
	a.			\$			
	b.			\$			
	c.			\$			
				Total: Add	Lines a, b and c		\$
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.						\$
	Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.						
	a.	Projected average i	monthly chapter 13 plan payment.		\$		
45	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	c.	Average monthly a	dministrative expense of chapter 13 ca	ase	Total: Multiply Lin a and b	es	\$
46	Total	Deductions for Deb	Payment. Enter the total of Lines 42	through 45.			\$
			Subpart D: Total Deduction	ns from Incom	ie .		
47	Total	of all deductions all	owed under § 707(b)(2). Enter the to	tal of Lines 33, 41	, and 46.		\$

	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION					
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))		\$			
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$			
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 a	nd enter the result	\$			
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 enter the result.	by the number 60 and	\$			
	Initial presumption determination. Check the applicable box and proceed as dir	ected.				
	The amount on Line 51 is less than \$7,025* Check the box for "The presump of this statement, and complete the verification in Part VIII. Do not complete	otion does not arise" at the t the remainder of Part VI.	op of page 1			
52	The amount set forth on Line 51 is more than \$11,725*. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.					
	The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Co 53 through 55).	omplete the remainder of Pa	rt VI (Lines			
53	Enter the amount of your total non-priority unsecured debt		\$			
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.					
55	Secondary presumption determination. Check the applicable box and proceed as directed. The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VIII.					
	Part VII: ADDITIONAL EXPENSE CLA	IMS				
	Other Expenses. List and describe any monthly expenses, not otherwise stated in and welfare of you and your family and that you contend should be an additional income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separaverage monthly expense for each item. Total the expenses.	deduction from your current	monthly			
56	Expense Description	Monthly Amount				
	a.	\$				
	b. c.	\$				
	Total: Add Lines a, b and c	\$	<u> </u>			
	Part VIII: VERIFICATION					
	I declare under penalty of perjury that the information provided in this statement i both debtors must sign.)	s true and correct. (If this is	a joint case,			
57	Date: <u>5-20-2010</u> Signature:	WM HEARLI	2			
	Date: Signature: (Joint Debtor, if any)					

^{*}Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.